

VARICOSE VEINS



BASIC INFORMATION

DESCRIPTION

Veins, usually in the legs, that become permanently dilated and twisted. Most common in adults and can involve superficial veins, deep veins and veins that connect superficial and deep veins. Veins in the vaginal lips during pregnancy and those around the anus (hemorrhoids) also may become varicose.

FREQUENT SIGNS AND SYMPTOMS

- Enlarged, disfiguring, snakelike, bluish veins that are visible under the skin upon standing. They appear most often in the back of the calf or on the inside of the leg from ankle to groin.
- Vague discomfort and aching in the legs, especially after standing.
- Fatigue.

CAUSES

The veins of the legs contain one-way valves every few inches to help blood return against gravity to the heart. If the valves leak, blood pressure in the veins prevents blood from draining properly. Valves may fail because of previous vein disease, such as thrombophlebitis; prolonged standing; or pressure on veins in the pelvis from pregnancy, tumors or fluid in the abdomen.

RISK INCREASES WITH

- Pregnancy.
- Menstrual cycle. Symptoms worsen before and during menstruation.
- Family history of varicose veins.
- Occupations that require prolonged standing.

PREVENTIVE MEASURES

Exercise regularly, especially by walking, swimming or bicycling, to keep circulation healthy.

EXPECTED OUTCOMES

Can be controlled with treatment or cured with surgery.

POSSIBLE COMPLICATIONS

- Ulcer near the ankle (stasis dermatitis) caused by poor circulation to the skin. This may be slow to heal.
- Deep-vein blood clot.
- Bleeding under the skin or externally.
- Skin problems adjacent to the varicose veins that resemble eczema.



TREATMENT

GENERAL MEASURES

- Conservative methods: Frequent rest periods with legs elevated; lightweight, elastic compression hosiery (best put on before getting out of bed); avoid girdles and other restrictive clothing; if itching occurs, use warm, wet dressings.
- Surgical and other methods (if there is pain, recurrent phlebitis, skin changes, or for cosmetic improvement): Ligation and stripping of the saphenous vein; injection of sclerosing solution; stab evulsion phlebectomy (newer procedure with shorter recovery time). For scars, excision of the entire area, followed by skin graft, may be necessary.
- Spider veins (idiopathic telangiectases) which may be extensive and unsightly: Intracapillary injections of 1% solution of sodium tetradecyl sulfate (or hypertonic saline 23.4%) using a fine-bore needle). Subsequent treatments may be required until optimal results are attained.

MEDICATIONS

Medicine usually is not necessary for this disorder. However, a physician may inject a chemical into small varicose veins to make them clot and scar (sometimes). Other veins will take over circulation in the area.

ACTIVITY

- Avoid long periods of standing.
- Adopt an appropriate exercise routine as part of conservative treatment.
- Walking regimen after sclerotherapy is important to help promote healing.
- Apply elastic stockings (if used) before lowering legs from the bed.

DIET

- No special diet.
- Weight loss diet is recommended, if obesity is a problem.



NOTIFY OUR OFFICE IF

- You or a family member has varicose veins.
- After diagnosis, varicose veins begin causing circulation problems in your feet.